

Indiana Department of Environmental Management

Drycleaner Notification Form

1. CHECK ONE OF THE FOLLOWING FIVE BOXES:

- ☐ This is a new perchloroethylene (perc) drycleaning facility. Effective date: _____
- ☐ I am the new owner of this drycleaning facility.
- ☐ I am updating IDEM on this perc drycleaning facility. (For example, changing a drop-off store to a perc facility.)

Explain _____

- ☐ This drycleaning facility no longer has any perchloroethylene (perc) on the premises. Check one: This store is now ____ a drop-off store ____ closed ____ using a different solvent than perc. What solvent did you change to? _____ Effective date of change: _____
- ☐ I am changing classifications because my perc consumption has increased beyond my previous classification. Please explain your old and your new perc consumption amount.
- _____

2. Print or type the following for each perc drycleaning facility. You must fill out a separate form for each perc facility.

Owner/Operator _____

Facility Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Mailing Address (if different than facility address)

Street _____

City _____ State _____ Zip _____

3. If your perc facility has been in operation longer than 12 months, write the highest amount of perc purchased in any 12-month period starting with September 1993. This period is a 12-month period, but not necessarily a calendar year. If this is a new drycleaning facility, please estimate what your highest 12-month period purchase of perc will be.

_____ GALLONS CIRCLE ONE: 12-month period purchases OR Estimate

4. How many drycleaning machines do you have? ____ Dry-to-dry ____ Transfer

5. Fill out the table for each of your machines.

If you have more than 4 machines, make additional copies of this page.

	Machine 1	Machine 2	Machine 3	Machine 4
Machine Type (Circle One)	Dry-to-Dry OR Transfer	Dry-to-Dry OR Transfer	Dry-to-Dry OR Transfer	Dry-to-Dry OR Transfer
Install Date				
What is your required control device? (Refrigerated Condenser, Carbon Adsorber, etc)				
Date Control Device Installed				

This form satisfies notification requirements found at 40 CFR 63.324 (a), (b) and (c). You are not required to use this form, but you are required to comply with notification requirements. All drycleaners using perchloroethylene must comply with 326 IAC 20-7, which incorporates by reference 40 CFR 63 subpart M, 58 FR 49354 and amendment 58 FR 66287. For assistance, call IDEM's Office of Air Quality at (317) 233-0178 or IDEM's Compliance and Technical Assistance Program at (317) 232-8172 or visit www.in.gov/idem/ctap.

I certify the information contained in this report to be accurate and true to the best of my knowledge and that this facility is in compliance with all applicable control device requirements listed in this report.

Signature of Responsible Official

Date

Printed name and title of the Responsible Official for the drycleaning facility

Examples of responsible officials:

- < president, vice president, secretary or treasurer of the company that owns the facility
- < owner of the facility
- < manager of the facility
- < a government official if the facility is owned by a governmental entity
- < a ranking military officer if located at a military base

Make a copy for your records and mail to:

IDEM – Office of Air Quality
Drycleaner Contact - IGCN 1001
P. O. Box 6015
Indianapolis, IN 46206-6015